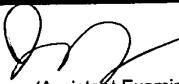
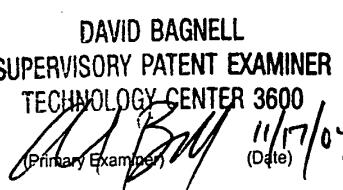


Issue Classification 	Application No.		Applicant(s)	
	10/078,839		VICK, JAMES D.	
	Examiner		Art Unit	
	Jennifer H Gay		3672	

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
166	375	166	386 66.5 66.7 332.8
INTERNATIONAL CLASSIFICATION			
E 2 1 B	23/04		
E 2 1 B	34/10		
	/		
	/		
	/		
 11/17/04 (Assistant Examiner) (Date)		DAVID BAGNELL SUPERVISORY PATENT EXAMINER TECHNOLOGY CENTER 3600  11/17/04 (Primary Examiner) (Date)	
Total Claims Allowed: 101 O.G. Print Claim(s) 12 O.G. Print Fig. 1			

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	18	31	39	61	54	121
2	2		32	40	62	70	92
3	3		33	41	63	93	123
4	4		34	42	64	94	124
6	5		35	43	65	95	125
7	6		36	44	66	96	126
8	7		37	45	67	71	97
9	8	19	38	46	68	72	98
10	9	20	39	47	69	73	99
11	10	21	40	48	70	74	100
11		22	41	49	71	75	101
12	12	23	42	50	72	102	132
13	13	24	43	51	73	103	133
14	14	25	44	52	74	104	134
15	15	26	45	53	75	105	135
16	16		46	55	76	106	136
17			47	56	77	107	137
18			48	57	78	76	108
19			49	58	79	77	109
20			50	59	80	78	110
21			51	60	81	79	111
22		27	52	61	82	80	112
23		28	53	62	83	81	113
24		29	54	63	84	82	114
25		30	55	64	85	83	115
26		31	56		86	84	116
27		32	57	68	87	85	117
28		34	58		88	86	118
29		36	59	69	89		119
17	30		38	60		120	
				90		65	147
						66	148
						67	149
						91	179
						90	177
						92	178
						93	179
						94	180
						95	
						96	
						97	
						98	
						99	
						100	

Issue Classification (2) 	Application No.	Applicant(s)
	10/078,839 Examiner Jennifer H Gay	VICK, JAMES D. Art Unit 3672

ISSUE CLASSIFICATION			
ORIGINAL		CROSS REFERENCE(S)	
CLASS	SUBCLASS	CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)
166	378	166	386 66.5 66.7 332.8
INTERNATIONAL CLASSIFICATION			
E	2	1	B 23/04
E	2	1	B 34/10
			/
			/
			/
 (Assistant Examiner) 11/17/04  (Legal Instruments Examiner) (Date)			
Total Claims Allowed: 101 (Primary Examiner) (Date) O.G. Print Claim(s) O.G. Print Fig. 12 1			

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
211		241		271		301	
212		242		272		302	
213		243		273		303	
214		244		274		304	
215		245		275		305	
216		246		276		306	
217		247		277		307	
99	218	248		278		308	
100	219	249		279		309	
101	220	250		280		310	
221		251		281		311	
222		252		282		312	
223		253		283		313	
224		254		284		314	
225		255		285		315	
226		5	256	286		316	
227			257	287		317	
228			258	288		318	
229			259	289		319	
230			260	290		320	
231			261	291		321	
232			262	292		322	
233			263	293		323	
234			264	294		324	
235			265	295		325	
236			266	296		326	
237			267	297		327	
238			268	298		328	
239			269	299		329	
240			270	300		330	